PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

Under Alba Papanur	ork Reduction Act of 1995, no persons are						T OF COMMERCE
.07		1equired to	respond to a Co	MECHOTI O	Complete if F		d CIMB CONTO NUMBER
Effective on 12/08/2004. PAD Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Application Number		09/761,703		
FEE TRANSMITTAL			Filing Date		January 18, 2001		
F	or FY 2006	F	rst Named Inv	entor	TAKAKO ASA	HI	
A Production	and the state of t	4 07 E	kaminer Name	•	Lucas Divine		
Applicant claims small entity status. See 37 C.F.R. 1.27			Art Unit		2625		
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket No.		00862.022089		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
	FILING FEES Small Entity		mall Entity	EX	Small Entity	:5	
Application Type	Fee (\$) Fee (\$)	Fee (\$)	Fee(\$)	Fee		Fees P	aid (\$)
Utility Design	300 150 200 100	500 100	250 50	20 13		-	
Plant	200 100	300	150	16	-		
Reissue	300 150	500	250	60	0 300		
Provisional	200 100	0	0		0 0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) 50 25 100 100 360 180							
Total Claims	Extra Claims Fee (\$)	Fee Paid (<u>\$)</u>	Multip	ole Dependent Cla		50
5 20 or H	P = 0 x 50.00 = _	0		<u>F</u>	ee(\$) <u>F</u>	ee Paid (\$)	
Indep. Claims	r of total claims paid for, if greater th Extra Claims Fee(\$)		e Paid (\$)	<u>36</u>	0.00	0	
3 - 3 or HP = 0 x 200.00 = 0 HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other:							
SUBMITTED BY	1/1 0 0/1						
Signature	1/1/1/1		Registrati (Attorney		30,110	Telephone 212-218-210)
Name (Print/Type)	Lawrence A. Stahl					Date: June 3	

LAS:eyw